

<h1 style="margin:0;">FEE TRANSMITTAL</h1> <p style="margin:0;">For FY 2005</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; transform: rotate(-15deg);"> <p style="margin:0;">MAY 02 2006</p> </div>		<i>Complete if Known</i>	
		Application Number	10/658,491
		Filing Date	September 8, 2003
		First Named Inventor	Peter Nash et al.
		Examiner Name	1644
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	P.N. Huynh
TOTAL AMOUNT OF PAYMENT	(\$ 60	Attorney Docket Number	C101.12-0001

METHOD OF PAYMENT (Check all that apply)

☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (Please Identify): _____

☒ Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s)
☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims		
42 - 20 or HP = 0 x 25 = 0		
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims		
8 - 3 or HP = 0 x 100 = 0		
HP = highest number of independent claims paid for, if greater than 3		
Multiple Dependent Claims		
	Fee (\$)	Fee Paid (\$)
	180	0

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	125	= 0

4. OTHER FEE(S)

Other: Extension for Response within First Month	Fee(s) Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	-
Other: Extension for Response within First Month	60

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	30,214	Telephone: 612-334-3222
Name (Print/Type)	Z. Peter Sawicki			Date: <u>Aug 12 2006</u>